



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND

vs. _____ Defendant

_____ SID No.

MOTION FOR EVALUATION PURSUANT TO HEALTH GENERAL § 8-505 AND COMMITMENT PURSUANT TO HEALTH GENERAL § 8-507

The Defendant hereby moves for evaluation concerning drug or alcohol abuse and treatment, and commitment for drug or alcohol treatment, pursuant to Md. Code Ann., Health-Gen. ("HG") §§ 8-505 and 8-507, on the following grounds.

On _____, the Defendant was

- charged with _____
- found guilty of _____ by Judge _____, and was sentenced to _____

The Defendant requests that the Court order an evaluation pursuant to HG § 8-505 and placement pursuant to HG § 8-507.

- Defense counsel is negotiating with the State to resolve the following cases in order for the Defendant to be eligible and able to receive treatment pursuant to HG § 8-507:

Case Number	Court	Case Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The Defendant is currently pending trial on Case No. (s) _____; _____; _____; or serving a sentence on Case No. _____; a consecutive sentence has been imposed on the Defendant in Case No. _____; or there is an unserved warrant for the Defendant in Case No. _____. Defense counsel is negotiating with the State to resolve those cases in order for Defendant to receive treatment pursuant to HG § 8-507. To the best of my knowledge and belief, the aforementioned cases will be resolved in order for the Defendant to receive drug treatment pursuant to HG § 8-507.

The Defendant consents to treatment and the release of any information necessary for the evaluation and referral (See attached Consent form and Release of Information form).

WHEREFORE, the Defendant requests the following relief:

- Order an evaluation pursuant to HG § 8-505 and placement pursuant to HG § 8-507.
- Schedule a hearing on the Motion upon receipt of the evaluation report.

_____ Date _____ Signature _____

_____ Printed Name _____

_____ Address _____

CERTIFICATE OF SERVICE

I certify that I served a copy of this Motion upon the following party or parties by mailing first class mail, postage prepaid, on _____ to:
Date

----- Name	----- Address
----- Name	----- Address
----- Name	----- Address
----- Date	----- Signature of Party Serving